



Case No. 09-50002(SMB)

Adv Pro. No. 17-01185(SMB)

Dear Judge Bernstein,

Thank you for your time in this most serious matter. This is my response to the defendant's counsel, Sullivan & Cromwell. I have read their notice of motion to dismiss and I'm rather disturbed. The motion focuses just on the bankruptcy Chrysler filed on April 30th 2009. During this time they had a partnership with Fiat which was actually formed between the two companies that had a non-binding term sheet to form A global alliance on January 20th 2009.

My question is how this bankruptcy is relevant to my wreck and injuries sustained from 2009. I now will show factual proof that the defendant is guilty of a Wanton act under the Tort law. It doesn't matter if the incident was before, during, or after the bankruptcy, for according to the Tort law mentioned by the defendants lawyer their client willfully withheld the MSDS sheet I requested. As a result, I didn't receive the proper medical treatment. At that time my doctors did the best they could without the proper information. My injuries from the wreck are from the chemicals in the defendant's air bag that they made. Most of my injuries are permanent with no cure.

I'd like to address a matter that counsel has brought to the attention of this court. The defendants stated that I didn't file until sometime after my injuries. That is incorrect your honor. I first filed a claim with Chrysler on Jan 2, 2009. They assigned me a claim case number which is 1821-6088. When I did make contact with Chrysler they put me in contact with Chuck Fischer. Your honor I did make contact with Chrysler and they sent a team of specialists to inspect the car in January 2009. They informed me that there were no recalls on that car and that the driver's side airbag tore half a dollar piece size in the middle. They're claiming that the chemical was talc powder, but according to their MSDS sheet that's a lie. The MSDS sheet shows toxic chemicals yes poisons contained in their airbag. As a result of being exposed I received the following injuries some of which are permanent with no cure. Again I have factual proof as to what I have stated.

Injuries are as follows:

Second degree chemical burns to my face, scalp, and chest. Causing red rashes to

appear on my face and chest without notice thus being labeled by doctors as flare ups. Nothing can be done either to prevent this.

Trauma induced glaucoma to both eyes having the tear ducts ripped out of both eyes with partial vision loss. Prognosis drops daily and possible operations to relieve the pressure to slow down the condition which has no cure for it either.

Damaged airways which include the lungs, throat, esophagus and upper gi tract. In regards to the lungs the air sacs have tilted and some have collapsed. The chemicals in the airbag shows how it does affect the upper respiratory and the lungs. As a result of this I am and will continue to be under the care of a global specialist at Barnes Hospital in Missouri. The M.S.D.S. sheet shows the toxic chemicals I was exposed too. It caused me to develop high blood pressure labeled as pulmonary hypertension. In March I had a mini stroke due to this. Also, this caused white spots on the left side of my brain. I also developed bradycardia which I didn't get until after chemical exposure.

Mental anguish:

Has affected job opportunities due to physical limitations. Not able to continue career which caused financial hardship.

I finally accepted that I can't do certain jobs so I recently applied for disability which I hate.

And I am sorry I have never been a vain person but there is nothing more depressing then to look into the mirror and one day your face is normal and the next day your face looks and feels like you're on fire like a bad sunburn. I also have enclosed pictures as proof to this which still continues today.

My future now consists of many medical providers until the day I die and I don't know what is going to happen next from what dwells in my body. For I feel like a walking time bomb and God only knows what that stuff will do. I never planned for my life to be like this and now all I can do is treat the symptoms as they come. The unknown is the cold hard facts in regards to my health.

So now I would like to take this time to thank you and your court for taking the time to hear this. I appreciate and respect the decision that your honor will pass down through your ruling and to counsel. All I seek is the truth and for justice to be served. I hope and pray that after you review the defendants response back, that we can finally end this once and for all.

Thank You,
Shelley Goodall



Customer Claims Resolution Group

January 12, 2009

Via U.S. Mail

Shelly M Burg
3014 S. 12th Street
Springfield, IL 62703

Re: 1996 Chrysler Sebring Jxi VIN: 3C3EL55HXTT269546

Dear Shelly M Burg:

Thank you for contacting Chrysler LLC and raising concerns that you have with the above referenced vehicle. We are always concerned to hear of injuries and accidents involving our customers and their vehicles.

Chrysler LLC conducted an investigation into the incident and inspected the vehicle. Specifically, the inspector found no problems with the subject's air bag system. Air bags do not contain any chemicals. The burns you sustained were caused by the the 200 mph force of the deploying air bag. This is the amount of force madadted by Federal law. The powder you noticed was a talc powder that is used so that the folds of the air bag do not stick together. This talc is neccessary so that when needed, the air bags will deploy correctly, as they did in your accident.

I have enclosed an informational brochure pertaining to air bag systems should you have any further questions. In addition, Chrysler LLC notes the following website that contains useful consumer information on air bag safety and includes animations on how they function during an accident:

<http://www.safercar.gov/air.htm>

Again, we are sorry to hear of your injuries and sincerely hope that you are well on the road to recovery.

Thank you again for raising your concerns with Chrysler LLC.

Very truly yours,

Customer Claims Resolution Group
Office of the General Counsel

Enclosure



Customer Claims Resolution Group

January 07, 2009

MS SHELLY M BURG
3014 S 12TH ST
SPRINGFIELD, IL 62703-4110

Dear MS BURG;

Thank you for contacting Chrysler LLC regarding your 1996 CHRYSLER SEBRING JXI 2-DOOR CONVERTIBLE, VIN: 3C3EL55HXTT269546. We are currently in the process of reviewing your file. Our records, at this time, indicate the following information regarding your vehicle:

CAIR Number:	18216088
Current Owner:	MS SHELLY M BURG
Purchased Used:	YES
Date of Purchase:	01/28/2008
Incomplete Recalls:	NONE

If any of this information requires updating, please notify us at the following (toll free) number: 1-888-922-7329.

As we proceed with our review, one of our representatives may need to contact you for additional information about your vehicle.

For information, we expect to inform you of our decision within the next 12 business days. If you do not hear from us by then, please contact us (toll free) at: 1-888-922-7329.

Note: If you have already settled with your insurance company, please notify us immediately at our 1-888-922-7329 (toll free) number.

Thank you for your cooperation.

Customer Claims Resolution Group

PHYSICIAN SIGNATURE: _____

GOODALL, SHELLEY M

July 22, 1968

Born

Female

Sex

13440708

Patient Id

317 E LINCOLN ST
EDINBURG, IL 62531-9432
Address

(217) 691-0337
Home Phone

English (preferred)
Language

White
Race

Not Hispanic or Latino
Ethnicity

Visit Summary

Plan of Care

Planned Observations

Planned Goals not documented

Vital Signs

22-July-2016 12:57 PM	BP Systolic	127 mm[Hg]	Comments: Location: LUE; Position: Sitting
	BP Diastolic	85 mm[Hg]	Comments: Location: LUE; Position: Sitting
	Temperature	98.6 f	Comments: Method: Oral
	Heart Rate	79 /min	
	Physical Findings	18	Comments: Respiration
	Height	63.5 in	
	Weight	256 lb	
	Body Mass Index Calculated	44.64 kg/m2	
	Body Surface Area Calculated	2.16 m2	
	Physical Findings	95	Comments: O2 Saturation

Medications

Medication not documented

Medications Administered

Medication Administration not documented

Problems

Chemical exposure

Allergies and Adverse Reactions

Allergy history not documented

Results

Results not documented

Procedures

Procedures not documented

Social History

Smoking Status

Former smoker

Encounters

MEDICAL REPORT

FROM: Frederick M. Rauscher, M.D.
Prairie Eye Center
2020 W. Iles Ave.
Springfield, IL 62704-4174

TO: Shelly M. Burg
7 Prairie Lane Court
Springfield, IL 62704

PLEASE RESPOND TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED. IF YOUR OPINIONS ON THESE MATTERS CANNOT BE FAIRLY REFLECTED IN THIS FORMAT, PLEASE PROVIDE A NARRATIVE REPORT.

1. Please state the condition or complaints for which you are treating this patient.

TRAUMA INDUCED GLAUCOMA BOTH EYES

2. Please state the treatment for the condition or complaints of this patient.

Lifelong treatment with eyedrops (she is on twice a day treatments now but frequency & # of drops is likely to increase over time to prevent progression of glaucoma & visual loss).

3. Were these conditions caused, aggravated or accelerated in their onset or progression by the accident which the patient suffered on January 01, 2009?

☒ Yes ☐ No ☐ Unknown

COMMENT: New visible damage to the drainage angle in both eyes
New visual field defects in both eyes (progressive loss)

4. Please state the prognosis.

Should remain stable (10-15% visual field loss in each eye)
but not improve with treatment. Will deteriorate without treatment.

5. What further treatment or diagnostic procedures, if any, do you recommend for the injuries which this patient has suffered?

Lifelong eyedrops. Visual field + eye examination every 6 months.

6. ANY ADDITIONAL COMMENTS:

patient is very compliant with her eyedrops and I would therefore expect her prognosis to be good (assuming continued good compliance & continued monitoring for future worsening of her glaucoma).

I, Frederick M. Rauscher, M.D., certify that I have provided the answers set forth in the report above, and that these answers represent my opinions within a reasonable degree of medical certainty.

DATE: 12/2/2010

Frederick Rauscher MD
Frederick M. Rauscher, M.D.
Prairie Eye Center

Pulmonary Function Test Order Form
Physicians Group Associates PFT Lab
2901 Old Jacksonville Road Springfield, IL 62704
Tel: 217-698-9722

Patient Name Shelly King DOB 7-22-68
Phone Number Home 529-3371 Cell 891-6385 Work _____
Date 12-16-09 /2009

Carl Lawyer, MD

Healthy Women's card

DEC 07 2009

Carl Lawyer, MD

2-4-09
PFS
meth

R_x

☐ Full PFTs

Sp. history only

☐ Methacholine Challenge Test
(if FEV1 allows)

lung
Dx:

786.05 (dyspnea)
786.2 (cough)
493.90 (asthma)
498 (COPD)
416.9 (cor pulmonale)
____ (other)

no show

12-16-09
@

9:00

Carl Lawyer M.D.

To schedule call 698-9722 extension 353

12/22/09
@
1:00

**St. John's Hospital
Springfield, IL
Department of Radiology**

GOODALL, SHELLEY

MRN: MA00465664

DOB: 07/22/1968

Sex: F

Ordering MD: WITKOP, PHILIP D, MD

Acct: Y00001782705

Pt Type: REG ER

Ord Site: MAIN

Study Date
04/04/16

Accession #
0404-0105

Procedure Code
A-CHESTPE

Procedure
CTA Chest Pulmonary Embolism

***** Signed *****

Date: 4/4/2016.

Exam: CT chest.

Comparison: CT chest dated 3/30/2016.

Technique: Thin section images were obtained of the chest with a CTA pulmonary embolism protocol. 50 mL of Isovue-370 through an existing IV site in the left antecubital fossa. Coronal and sagittal reconstructions. Coronal 3-D MIP reconstructions. A dose lowering technique was used for this procedure, which may include, but is not limited to, dose reduction technique, automated exposure control, the use of iterative reconstruction, and ALARA (As Low As Reasonably Achievable)/ Image gently techniques.

History: History of pneumonia on antibiotics. Continued shortness of breath, cough. Slight hemoptysis.

Findings:

CHEST: The heart size is normal. The thoracic aorta is normal without aneurysm nor dissection. There are no filling defects within the 4 chambers of the heart. The pulmonary arteries are patent without evidence of pulmonary embolism. There is no lymphadenopathy in the chest. The tracheal and main bronchial airways are patent. There are persistent, but somewhat improved opacities involving the left lower lobe indicating slightly improved pneumonia. There are new rounded nodules involving the superior left lower lobe possibly due to rounded organizing pneumonias given the short interval appearance. The largest nodule in the superior left lower lobe measures 1.9 cm as seen on series 15 image 74. There is a new subpleural nodule measuring 1.4 cm in the medial right lung base as seen on series 15 image 109. This is new since the prior examination and also is possibly nodular type pneumonia. CT surveillance imaging is recommended. There are no pleural effusions.

Visualized upper abdomen: The visualized portions of the liver, spleen, pancreas, adrenal glands and upper kidneys appear normal. The gallbladder surgically absent.

Osseous structures: There is straightening of the spinal column, but no destructive osseous lesion. There is minimal spondylosis in the thoracic spine.

CC: ()

Fax:

Printed On: 04/04/16

1 of 2

**St. John's Hospital
Springfield, Illinois
Department of Radiology**

GOODALL,SHELLEY MRN: MA00465664

Impression:

1. No pulmonary embolism. The pulmonary arteries are patent.
2. Slightly Improved pneumonia in the left lung base. However, there are new nodules in the superior left lower lobe and posterior medial right lower lobe. These are thought to represent nodules of organizing pneumonia given the short interval appearance. Septic pulmonary emboli, early abscesses and atypical mycobacterial infection are not excluded, but are lesser differential diagnostic considerations.

Electronically Signed By: STANTON,DANIEL L MD 04/04/16 1742

Dictated On: 04/04/16 1711
Interpreted By: STANTON,DANIEL L MD
Transcribed On: 04/04/16 1716 - INFCE

CC:
WITKOP,PHILIP D, MD

CC: ()
Fax:

Printed On: 04/04/16

**St. John's Hospital
Springfield, IL
Department of Radiology**

BURG,SHELLY MAE
MRN: MA00465664
DOB: 07/22/1968
Sex: F

Ordering MD: GAINES,SAM, MD
Acct: Y00001242108
Pt Type: REG ER
Ord Site: MAIN

<u>Study Date</u>	<u>Accession #</u>	<u>Procedure Code</u>	<u>Procedure</u>
01/11/14	0111-0062	CXR2V	XR Chest 2 View

*** Signed ***

Examination: Chest 2 view

Exam time: 1:05 AM

Clinical history: Chest pain

Comparison: 11/20/2013

Technique: PA and lateral chest heart size and pulmonary vasculature are within normal limits. No infiltrate. No effusion. Lungs do not appear

Findings: Hyperinflated. → Lungs

IMPRESSION:

1. No radiographic evidence of active disease the chest.

Electronically Signed By: GLEASON,THEODORE J, MD 01/11/14 0131

Dictated On: 01/11/14 0130
Interpreted By: GLEASON,THEODORE J, MD
Transcribed On: 01/11/14 0130 - INFCE

CC:
BLAND,GEOFFREY A, MD
GAINES,SAM, MD

CC: 0
Fax:

Printed On: 01/11/14

**St. John's Hospital
Springfield, IL
Department of Radiology**

GOODALL,SHELLEY
MRN: MA00465664
DOB: 07/22/1968
Sex: F

Ordering MD: BEAL,DAVID D MD, RES
Acct: Y00001779876
Pl Type: REG ER
Ord Site: MAIN

<u>Study Date</u>	<u>Accession #</u>	<u>Procedure Code</u>	<u>Procedure</u>
03/30/16	0330-0060	A-CHESTPE	CTA Chest Pulmonary Embolism

***** Signed *****

Date: 3/30/2016.

Exam: CT chest.

Comparison: CT chest dated 4/20/2011.

Technique: Thin section images were obtained of the chest with a CTA pulmonary embolism protocol. 50 mL of Isovue-370 through an existing IV site left antecubital fossa. Coronal, sagittal and coronal 3-D MIP reconstructions. A dose lowering technique was used for this procedure, which may include, but is not limited to, dose reduction technique, automated exposure control, the use of iterative reconstruction, and ALARA (As Low As Reasonably Achievable)/ Image gently techniques.

History: Blood-tinged sputum. Postnasal drip. Heart catheterization yesterday.

Findings:

CHEST: The heart size is normal. The thoracic aorta is normal without aneurysm nor dissection. The central pulmonary arteries are patent. The bolus timing is suboptimal for evaluation of the mid and peripheral pulmonary arteries. There is no lymphadenopathy in the chest, but there are borderline likely reactive lymph nodes in the left infrahilar region and AP window.. The tracheal and main bronchial airways are patent. There are opacities involving the left lower lobe basilar portion. This is worrisome for pneumonia and possibly aspiration pneumonia. There is air trapping throughout the lungs in general. The left upper lobe and right lung are relatively clear. There are no pleural effusions. There is motion artifact degrading evaluation for pulmonary nodules.

Visualized upper abdomen: The visualized portions of the liver, spleen, pancreatic tail and adrenal glands appear normal.

Osseous structures: The osseous structures are grossly normal other than mild spondylosis in the thoracolumbar junction.

Impression:

1. Suboptimal bolus timing for evaluation of pulmonary embolism. There are no central pulmonary emboli, but the mid and peripheral pulmonary arteries cannot be assessed. If there is persistent clinical concern for pulmonary embolism, would consider VQ scan or repeat CT chest.
2. Pneumonia in the left lower lobe. Cannot entirely exclude concomitant pulmonary hemorrhage given the history of hemoptysis.

CC: ()
Fax:

Printed On: 03/30/16

**St. John's Hospital
Springfield, Illinois
Department of Radiology**

GOODALL,SHELLEY MRN: MA00465664

3. Borderline reactive lymphadenopathy in the left infrahilar region and left AP window.
4. Mild air trapping.

Electronically Signed By: STANTON,DANIEL L MD 03/30/16 1440

Dictated On: 03/30/16 1432
Interpreted By: STANTON,DANIEL L MD
Transcribed On: 03/30/16 1432 - INFCE

CC:
BEAL,DAVID D MD, RES
BLAND,GEOFFREY A, MD

CC: 0
Fax:

Printed On: 03/30/16

2 of 2

**St. John's Hospital
Springfield, IL
Department of Radiology**

GOODALL,SHELLEY

MRN: MA00465664
DOB: 07/22/1968
Sex: F

Ordering MD: STEVENS,JANDA T MD
Acct: Y00001790980
Pt Type: REG ER
Ord Site: MAIN

<u>Study Date</u>	<u>Accession #</u>	<u>Procedure Code</u>	<u>Procedure</u>
04/16/16	0416-0022	ABDPELWC	CT Abdomen Pelvis W

*** Signed ***

4/16/2016, 7:31 AM.

HISTORY: Epigastric pain radiating to the back. Squeezing pain. Nausea. Prior laparoscopic cholecystectomy.

EXAM: CT imaging of the abdomen pelvis was performed after the intravenous and ministration of 100 mL Isovue 370 contrast. Imaging was performed utilizing radiation dose reduction Imaging techniques. Correlation is made to study 8/29/2015.

FINDINGS: There are a few very small patches of infiltrate or atelectasis at both lung bases. No pulmonary consolidation at the lung bases. The heart size is within normal limits. No pericardial effusion. No pleural effusion.
No evidence of mass or enlargement of the liver, spleen, pancreas nor either adrenal gland. Gallbladder is absent with surgical clips gallbladder fossa consistent with prior cholecystectomy. No bile duct dilatation. Both kidneys function. No renal parenchymal mass. No dilatation of the intrarenal collecting system of either kidney and no evidence of obstructive uropathy. No retroperitoneal mass or adenopathy. No bowel distention and no evidence of bowel obstruction. The appendix and terminal ileum appear normal. 6.7 cm right ovarian cyst which has developed since the previous study. Small left ovarian cyst. Nabothian cysts in the cervix. No lateral pelvic mass or adenopathy. No ascites.

IMPRESSION:

New 6.7 cm right ovarian cyst. Small left ovarian cysts or follicles. Small nabothian cysts in the cervix. Diffuse very small areas of faint patchy infiltrate or atelectasis at the lung bases.

Electronically Signed By: GREGG,GREGORY A, MD 04/16/16 0808

Dictated On: 04/16/16 0759
Interpreted By: GREGG,GREGORY A, MD
Transcribed On: 04/16/16 0759 - INFCE

CC:
STEVENS,JANDA T MD

CC: ()
Fax:

Printed On: 04/16/16

**St. John's Hospital
Springfield, IL
Department of Radiology**

GOODALL,SHELLEY

MRN: MA00465664

DOB: 07/22/1968

Sex: F

Ordering MD: WITKOP,PHILIP D, MD

Acct: Y00001782705

Pt Type: REG ER

Ord Site: MAIN

<u>Study Date</u>	<u>Accession #</u>	<u>Procedure Code</u>	<u>Procedure</u>
04/04/16	0404-0105	A-CHESTPE	CTA Chest Pulmonary Embolism

***** Signed *****

Date: 4/4/2016.

Exam: CT chest.

Comparison: CT chest dated 3/30/2016.

Technique: Thin section images were obtained of the chest with a CTA pulmonary embolism protocol. 50 mL of Isovue-370 through an existing IV site in the left antecubital fossa. Coronal and sagittal reconstructions. Coronal 3-D MIP reconstructions. A dose lowering technique was used for this procedure, which may include, but is not limited to, dose reduction technique, automated exposure control, the use of iterative reconstruction, and ALARA (As Low As Reasonably Achievable)/ Image gently techniques.

History: History of pneumonia on antibiotics. Continued shortness of breath, cough. Slight hemoptysis.

Findings:

CHEST: The heart size is normal. The thoracic aorta is normal without aneurysm nor dissection. There are no filling defects within the 4 chambers of the heart. The pulmonary arteries are patent without evidence of pulmonary embolism. There is no lymphadenopathy in the chest. The tracheal and main bronchial airways are patent. There are persistent, but somewhat improved opacities involving the left lower lobe indicating slightly improved pneumonia. There are new rounded nodules involving the superior left lower lobe possibly due to rounded organizing pneumonias given the short interval appearance. The largest nodule in the superior left lower lobe measures 1.9 cm as seen on series 15 image 74. There is a new subpleural nodule measuring 1.4 cm in the medial right lung base as seen on series 15 image 109. This is new since the prior examination and also is possibly nodular type pneumonia. CT surveillance imaging is recommended. There are no pleural effusions.

Visualized upper abdomen: The visualized portions of the liver, spleen, pancreas, adrenal glands and upper kidneys appear normal. The gallbladder surgically absent.

Osseous structures: There is straightening of the spinal column, but no destructive osseous lesion. There is minimal spondylosis in the thoracic spine.

CC: ()

Fax:

Printed On: 04/04/16

St. John's Hospital
Springfield, IL
Department of Radiology

GOODALL,SHELLEY
MRN: MA00465664
DOB: 07/22/1968
Sex: F

Ordering MD: GOLDBERG,DENNIS J MD
Acct: Y00001781515
Pl Type: REG ER
Ord Site: MAIN

<u>Study Date</u>	<u>Accession #</u>	<u>Procedure Code</u>	<u>Procedure</u>
04/01/16	0401-0030	BRNW+WOC	MRI Brain WWO

*** Signed ***

INDICATION: Right-sided numbness. History of TIA.

EXAMINATION: MRI brain with and without contrast.

TECHNIQUE: Sagittal and axial T1, and axial T2, FLAIR, gradient (T2*), and DWI Images with ADC map reconstructions obtained. Additional axial and coronal post contrast T1 images were obtained after administration of 23 mL MultiHance intravenously without adverse event.

COMPARISON:
Head CT 4/1/2016. MRI 3/8/2016.

FINDINGS:

There is no diffusion restriction or evidence of acute infarct. There is no evidence of intracranial mass, mass effect, or midline shift. Postcontrast images reveal no abnormal intracranial enhancement. There are a few tiny punctate foci of FLAIR/T2 hyperintensity noted in the frontal deep white matter, nonspecific. The ventricles and extra-axial/subarachnoid spaces are symmetric and normal in appearance. No abnormal extra-axial collections. Proximal portions of the major intracranial arterial flow voids are visualized and appear grossly patent. No hemorrhagic foci of susceptibility seen on gradient echo images. Cranio-cervical junction, sellar content, and pineal region are unremarkable. Mastoid air cells and paranasal sinuses are clear. Visualized orbits are unremarkable.

IMPRESSION:

1. No acute intracranial abnormalities identified. No evidence of intracranial mass, abnormal enhancement, or acute infarct.
2. Few tiny nonspecific white matter abnormalities, possibly related to mild small vessel disease.

Electronically Signed By: BEKKER,SIMON V MD 04/01/16 1641

Dictated On: 04/01/16 1630
Interpreted By: BEKKER,SIMON V MD
Transcribed On: 04/01/16 1630 - INFCE

CC:
BLAND,GEOFFREY A, MD
GOLDBERG,DENNIS J MD

CC: 0
Fax:

Printed On: 04/01/16

**St. John's Hospital
Springfield, IL
Department of Radiology**

GOODALL,SHELLEY

MRN: MA00465664
DOB: 07/22/1968
Sex: F

Ordering MD: STEVENS,JANDA T MD

Acct: Y00001790980
Pt Type: REG ER
Ord Site: MAIN

Study Date
04/16/16

Accession #
0416-0022

Procedure Code
ABDPCLWC

Procedure
CT Abdomen Pelvis W

*** Signed ***

4/16/2016, 7:31 AM.

HISTORY: Epigastric pain radiating to the back. Squeezing pain. Nausea. Prior laparoscopic cholecystectomy.

EXAM: CT Imaging of the abdomen pelvis was performed after the intravenous and ministration of 100 mL Isovue 370 contrast. Imaging was performed utilizing radiation dose reduction imaging techniques. Correlation is made to study 8/29/2015.

FINDINGS: There are a few very small patches of infiltrate or atelectasis at both lung bases. No pulmonary consolidation at the lung bases. The heart size is within normal limits. No pericardial effusion. No pleural effusion. No evidence of mass or enlargement of the liver, spleen, pancreas nor either adrenal gland. Gallbladder is absent with surgical clips gallbladder fossa consistent with prior cholecystectomy. No bile duct dilatation. Both kidneys function. No renal parenchymal mass. No dilatation of the intrarenal collecting system of either kidney and no evidence of obstructive uropathy. No retroperitoneal mass or adenopathy. No bowel distention and no evidence of bowel obstruction. The appendix and terminal ileum appear normal. 6.7 cm right ovarian cyst which has developed since the previous study. Small left ovarian cyst. Nabothian cysts in the cervix. No lateral pelvic mass or adenopathy. No ascites.

IMPRESSION:

New 6.7 cm right ovarian cyst. Small left ovarian cysts or follicles. Small nabothian cysts in the cervix. Diffuse very small areas of faint patchy infiltrate or atelectasis at the lung bases.

Electronically Signed By: GREGG,GREGORY A, MD 04/16/16 0808

Dictated On: 04/16/16 0759
Interpreted By: GREGG,GREGORY A, MD
Transcribed On: 04/16/16 0759 - INFCE

CC:
STEVENS,JANDA T MD

CC: ()
Fax:

Printed On: 04/16/16

KLINGLER DERM

☐ NEW ☒ OLD
☒ M.D. Chart Review

UD
INS.
INFO

✓ Primary

INS.	CONSULT FROM:	CONSULT TO:	LETTER FOR: M. Kanoski
------	---------------	-------------	---------------------------

DATE: 1-13-09 NAME: Shelly Burg
 Appointment 400 390 TI: 12:1 Contact Time Return Visit ☒ pm days months weeks
 Problem # Duration Signs/SX Has Tried Severity Quality

① pt. had 2nd degree burn to face
 from a car accident on 1-1-09 - burns came from
 chemical in air bag.
 - pt's attorney wanted her to be checked
 and see if this will improve

sodium azide

Chrysler contact
 Chuck Fisher
 1-636-978-4736

Attorney Ron Kanoski
 paralegal Nancy - Hpton

*more notes See pg. 4.

DAPM Complete 48 49 81

☒ Update and Review (HPI, R of S, P, F, S Hx) 11-19-01 Date 1-13-09

82 83 84

Status	Diagnosis	Location	Size	LIQ. N2 RX SEC
NCR	① Abrasions secondary to Primary irritant dermatitis			<input type="checkbox"/>
NCR	R/o secondary to Contact dermatitis - See exam			<input type="checkbox"/>
NCR				<input type="checkbox"/>
NCR				<input type="checkbox"/>
NCR				<input type="checkbox"/>
NCR				<input type="checkbox"/>
NCR				<input type="checkbox"/>
NCR				<input type="checkbox"/>
NCR				<input type="checkbox"/>
NCR				<input type="checkbox"/>
NCR				<input type="checkbox"/>
NCR				<input type="checkbox"/>
NCR				<input type="checkbox"/>

Additional DX: Seb Ker Multiple:

Lentigo Multiple:

Cherry Angioma Multiple:

PLAN: NEEDS LFTS: NEXT VISIT: FOLLOW VISIT:

A) Soap and water wash

B) OTC

POST CARD SENT
FOR REEVALUATION

Note Staff Provider

[Log Out](#)

This system includes: Buick, Cadillac, Chevrolet, Geo, GMC, Hummer, Isuzu, Suzuki, Saab, Saturn, Pontiac, Oldsmobile, Chrysler, Dodge, Eagle, Jeep, Plymouth from 1980-2014, Ford, Lincoln, Mercury, and Mazda Trucks from 1992-2012, Mercedes from 1981-2009, and Hyundai 1981-2012

Enter a VIN Number to begin.

Search

Show/Hide GM RPO Lookup

Report for VIN: 3C3EL55H5TT282446

3: Built by Chrysler De Mexico
C: Chrysler
3: Passenger Car
E: Manual Seat Belts/ Driver & Passenger Air Bags
L: Sebring JXi (JX-P-27 Conv.)
5: Premium (P)
5: 2 dr. Convertible/Open Body
H: 2.5L V-6 Gasoline (SFI) SOHC (EEB)
5: Check Digit
T: Toluca Assembly (Toluca, Mexico)
Body Code: JXCP27
Engine: EEB 2.5L V6 SOHC 24V SMPI ENGINE
Transmission: DGL 4-SPEED AUTOMATIC TRANSMISSION
Build Date: April 12, 1996

Code	Description
*RL	LEATHER TRIMMED BUCKET SEATS
-K5	INTERIOR CAMEL



MATERIAL SAFETY DATA SHEET

PRODUCT NAME

POTASSIUM NITRATE

Product Code:

001/05-US

Date of issue:

March 2012

Supersedes: October 2008

Most important symptoms and effects, both acute and delayed

The following symptoms may occur:

In case of inhalation Irritation to respiratory tract
Delayed lung effects after short term exposure to thermal degradation products
In case of skin contact May cause redness or irritation
In case of eye contact May cause redness or irritation
In case of ingestion Ingestion of large amounts may cause: Gastrointestinal disturbances
Indication of any immediate medical attention and special treatment needed
Treat symptomatically.

(delay)

5. FIRE FIGHTING MEASURES

Flammable properties

Not flammable.

Extinguishing media

Suitable extinguishing media:

Use any suitable mean for extinguishing surrounding fire. Spray water for small fires. For large fires flood with abundant water.

Unsuitable material:

None, but attention should be paid to compatibility with chemicals surrounding.

Protection for firefighters

Specific hazards arising from the chemical

Thermal decomposition can lead to the escape of toxic/corrosive gases and vapours.

Products of combustion

Thermal decomposition products: refer to section 10.

Protective equipment and precautions for firefighters

Keep upwind of fire. Wear full fire fighting turn-out gear (full Bunker gear) and respiratory protection (SCBA).

6. ACCIDENTAL RELEASE MEASURES

Personal precautions

Provide adequate ventilation. Wear personal protection equipment (Section 8).

Environmental precautions

Do not allow to enter into surface water or drains. Ensure waste is collected and contained.

Methods for containment and cleaning up

Take up mechanically, placing in appropriate containers for disposal or recovery.

Unsuitable material for containment/taking up:

Do not absorb in saw-dust or other combustible absorbents.

Other information

None

7. HANDLING AND STORAGE

Handling

Avoid generation of dust. Provide adequate ventilation. Wear personal protective equipment. Wash hands thoroughly after handling. Do not eat, drink or smoke when using this product. Keep away from flammable, combustible and reducing substances.

Storage

Keep/store only in original container. Store in a well-ventilated place. Keep container tightly closed.

Do not store together with:

Combustible substance, reducing agents

Perchlorate containing product - Special handling may apply. See www.dtsc.ca.gov/hazardouswaste/perchlorate and Section 15 for more information regarding California State regulations.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Exposure Guidelines

Occupational exposure limits

Sodium nitrate:

No specific occupational exposure limit.

Particulates Not Otherwise Regulated (PNOR):

Inert or Nuisance Dust:

	mppcf*	mg/m ³
Respirable fraction	15	5
Total dust	50	15

*Millions of particles per cubic foot of air

Engineering controls

Use exhaust ventilation to keep airborne concentrations below exposure limits.

Personal Protective Equipment

Eye/face protection

Chemical goggles required all the time.

Skin Protection

Nitrile rubber gloves, over 0.11 mm thickness, > 480 min breakthrough time, recommended.

Respiratory Protection

Wear respiratory protection, where airborne concentrations are expected to exceed exposure limits

General Hygiene Considerations

Avoid contact with eyes and skin. Wash hands thoroughly after handling. Have eye-wash facilities immediately available.

Sodium Azide**CAS Number** 26628-22-8; 12136-89-9**UN Number** 1687**Synonyms** Azium; Azomide**Use** Shell detonators in explosive industry; found as principle agent (350-600 g) for providing nitrogen for the rapid expansion (in 0.05 seconds) of automobile air bags; preservative for laboratory reagents (concentration ~1 mg/mL); nematocide; herbicide**Mechanism of Toxic Action** Mucosal irritant; may inhibit oxidative phosphorylation; can cause vasodilatation**Adverse Reactions****Cardiovascular:** Asystole, hypotension, initial bradycardia followed by tachycardia, chest pain, arrhythmias (atrial/ventricular), myocardial depression, congestive heart failure, vasodilation**Central nervous system:** Hypothermia, hyperthermia, headache, agitation, seizures, coma**Dermatologic:** Dermal burns**Endocrine & metabolic:** Polydipsia, metabolic acidosis**Gastrointestinal:** Diarrhea, nausea**Hematologic:** Leukocytosis**Neuromuscular & skeletal:** Weakness, hyporeflexia, paresthesia**Ocular:** Photophobia, lacrimation, keratitis, corneal burn, mydriasis**Respiratory:** Hyperventilation, tachypnea, dyspnea, pulmonary edema ?**Miscellaneous:** Diaphoresis**Admission Criteria/Prognosis** Admit any ingestion >40 mg in adults or any symptomatic patient 2 hours postexposure; any patient with metabolic acidosis should be admitted**Toxicodynamics/Kinetics****Absorption:** Inhalation, dermal or ingestion**Metabolism:** Converted to nitric oxide**Reference Range** Postmortem blood levels (following ingestion of sodium azide): 8-262 mg/L**Overdosage/Treatment****Decontamination:** **Oral:** Activated charcoal. **Dermal:** Flush with water. **Inhalation:** Administer 100% humidified oxygen. **Ocular:** Copious irrigation with saline or water**Supportive therapy:** I.V. sodium bicarbonate (1-3 mEq/kg) for acidosis; phenobarbital is probably the most effective agent to treat seizures. Hypotension can be treated with crystalloid solution (10-20 mL/kg) and placement in Trendelenburg position. Vasopressors (dopamine or norepinephrine) can be used for resistant cases. The use of sodium nitrite or hyperbaric oxygen is of theoretical benefit, with human data lacking in efficacy.**Enhancement of elimination:** Extracorporeal removal is of no benefit. Exchange transfusion does not appear to be beneficial.**Additional Information** Fatal oral dose: 13 mg/kg

Oral dose of 0.5 mcg/kg can result in reduction of blood pressure; positive ferric chloride (10% to 20%) test of gastric aspirate can occur (red precipitate)

Rescuer can become mildly toxic (headache, nausea) from expired air or gastric aspirate of sodium azide toxic patients (due to hydrazoic acid)

Odorless, colorless, highly explosive. Specific gravity: 1.846. TLV-ceiling: 0.11 ppm

Byproducts of sodium azide detonation include sodium hydroxide and nitrogen.

Other chemical constituents in automobile air bags include 2,4-dinitrotoluene, boron, potassium nitrate, nitrocellulose and cupric oxide



Centers for Disease Control and Prevention
CDC 24/7: Saving lives, protecting people, reducing health costs

Emergency Preparedness and Response

Facts About Sodium Azide

What sodium azide is

- Sodium azide is a rapidly acting, potentially deadly chemical that exists as an odorless white solid.
- When it is mixed with water or an acid, sodium azide changes rapidly to a toxic gas with a pungent (sharp) odor. It also changes into a toxic gas (hydrazoic acid) when it comes in contact with solid metals (for example, when it is poured into a drain pipe containing lead or copper).
- The odor of the gas may not be sharp enough, however, to give people sufficient warning of the danger.

Where sodium azide is found and how it is used

- Sodium azide is best known as the chemical found in automobile airbags. An electrical charge triggered by automobile impact causes sodium azide to explode and convert to nitrogen gas inside the airbag.
- Sodium azide is used as a chemical preservative in hospitals and laboratories. Accidents have occurred in these settings. In one case, sodium azide was poured into a drain, where it exploded and the toxic gas was inhaled (breathed in).
- Sodium azide is used in agriculture (farming) for pest control.
- Sodium azide is also used in detonators and other explosives.

How you could be exposed to sodium azide

- Following release of sodium azide into water, you could be exposed to sodium azide by drinking the contaminated water.
- Following contamination of food with sodium azide, you could be exposed to sodium azide by eating the contaminated food.
- Following release of sodium azide into the air, you could be exposed by breathing in the dust or the gas that is formed.
- Sodium azide can also enter the body and cause symptoms through skin contact.
- An explosion involving sodium azide may cause burn injury as well as expose people to the toxic gas, hydrazoic acid.

How sodium azide works

- The seriousness of poisoning caused by sodium azide depends on the amount, route, and length of time of exposure, as well as the age and preexisting medical condition of the person exposed.
- Breathing the gas that is formed from sodium azide causes the most harm, but ingesting (swallowing) sodium azide can be toxic as well.
- The gas formed from sodium azide is most dangerous in enclosed places where the gas will be trapped. The toxic gas quickly disperses in open spaces, making it less harmful outdoors.
- The gas formed from sodium azide is less dense (lighter) than air, so it will rise.
- Sodium azide prevents the cells of the body from using oxygen. When this happens, the cells die.
- Sodium azide is more harmful to the heart and the brain than to other organs, because the heart and the brain use a lot of oxygen.

Immediate signs and symptoms of sodium azide exposure

- People exposed to a small amount of sodium azide by breathing it, absorbing it through their skin, or eating foods that contain it may have some or all of the following symptoms within minutes:
 - Clear drainage from the nose (gas or dust exposure)
 - Cough (gas or dust exposure)
 - Dizziness
 - Headache
 - Nausea and vomiting

- Rapid breathing
- Rapid heart rate
- Red eyes (gas or dust exposure)
- Restlessness
- Weakness
- Skin burns and blisters (explosion or direct skin contact)
- Exposure to a large amount of sodium azide by any route may cause these other health effects as well:
 - Convulsions
 - Low blood pressure
 - Loss of consciousness
 - Lung injury
 - Respiratory failure leading to death
 - Slow heart rate
- Showing these signs and symptoms does not necessarily mean that a person has been exposed to sodium azide.

What the long-term health effects may be

Survivors of serious sodium azide poisoning may have heart and brain damage.

How people can protect themselves and what they should do if they are exposed to sodium azide

- First, get fresh air by leaving the area where the sodium azide was released. Moving to an area with fresh air is a good way to reduce the possibility of death from exposure to sodium azide.
 - If the sodium azide release was outside, move away from the area where the sodium azide was released.
 - If the sodium azide release was indoors, get out of the building.
 - If leaving the area that was exposed to sodium azide is not an option, stay as low to the ground as possible, because sodium azide fumes rise.
 - If you are near a release of sodium azide, emergency coordinators may tell you to either evacuate the area or to "shelter in place (<http://emergency.cdc.gov/planning/Shelteringfacts.asp>)" inside a building to avoid being exposed to the chemical. For more information on evacuation during a chemical emergency, see "[Facts About Evacuation \(http://emergency.cdc.gov/planning/evacuationfacts.asp\)](http://emergency.cdc.gov/planning/evacuationfacts.asp)". For more information on sheltering in place during a chemical emergency, see "[Facts About Sheltering in Place \(http://emergency.cdc.gov/planning/Shelteringfacts.asp\)](http://emergency.cdc.gov/planning/Shelteringfacts.asp)".
 - If you think you may have been exposed to sodium azide, you should remove your clothing, rapidly wash your entire body with soap and water, and get medical care as quickly as possible.
- **Removing your clothing:**
 - Quickly take off clothing that may have sodium azide on it. Any clothing that has to be pulled over the head should be cut off the body instead of pulled over the head.
 - If you are helping other people remove their clothing, try to avoid touching any contaminated areas, and remove the clothing as quickly as possible.
- **Washing yourself:**
 - As quickly as possible, wash any sodium azide from your skin with large amounts of soap and water. Washing with soap and water will help protect people from any chemicals on their bodies.
 - If your eyes are burning or your vision is blurred, rinse your eyes with plain water for 10 to 15 minutes. If you wear contacts, remove them and put them with the contaminated clothing. Do not put the contacts back in your eyes (even if they are not disposable contacts). If you wear eyeglasses, wash them with soap and water. You can put your eyeglasses back on after you wash them.
- **Disposing of your clothes:**
 - After you have washed yourself, place your clothing inside a plastic bag. Avoid touching contaminated areas of the clothing. If you can't avoid touching contaminated areas, or you aren't sure where the contaminated areas are, wear rubber gloves or put the clothing in the bag using tongs, tool handles, sticks, or similar objects. Anything that touches the contaminated clothing should also be placed in the bag. If you wear contacts, put them in the plastic bag, too.
 - Seal the bag, and then seal that bag inside another plastic bag. Disposing of your clothing in this way will help protect you and other people from any chemicals that might be on your clothes.
 - When the local or state health department or emergency personnel arrive, tell them what you did with your clothes. The health department or emergency personnel will arrange for further disposal. Do not handle the plastic bags yourself.
 - For more information about cleaning your body and disposing of your clothes after a chemical release, see "[Chemical Agents: Facts About Personal Cleaning and Disposal of Contaminated Clothing \(http://emergency.cdc.gov/planning/personalcleaningfacts.asp\)](http://emergency.cdc.gov/planning/personalcleaningfacts.asp)".

- If someone has ingested sodium azide, do not induce vomiting or give fluids to drink. Also, if you are sure the person has ingested sodium azide, do not attempt CPR using mouth to mouth breathing. Performing CPR on someone who has ingested sodium azide could expose you to the chemical.
- When sodium azide is ingested, it mixes with stomach acid and forms the toxic gas, hydrozoic acid. If a person who has ingested sodium azide is vomiting, isolate and stay away from the stomach contents (vomit) to avoid exposure to the toxic gas.
- Do not pour substances containing sodium azide (such as food, water, or vomit) in the drain, because the drain can explode and cause serious harm.
- Seek medical attention right away.

How sodium azide poisoning is treated

Sodium azide poisoning is treated with supportive medical care in a hospital setting. No specific antidote exists for sodium azide poisoning. The most important thing is for victims to seek medical treatment as soon as possible.

How you can get more information about sodium azide

You can contact one of the following:

- Regional poison control center: 1-800-222-1222
- Centers for Disease Control and Prevention
 - Public Response Hotline (CDC)
 - 800-CDC-INFO
 - 888-232-6348 (TTY)
 - E-mail inquiries: cdcinfo@cdc.gov (<mailto:cdcinfo@cdc.gov>)
- Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), Pocket Guide to Chemical Hazards (<http://www.cdc.gov/niosh/npg/npgd0560.html>).
- Page last reviewed April 10, 2013
- Page last updated April 10, 2013
- Content source: National Center for Environmental Health (NCEH) (<http://www.cdc.gov/nceh/>) / Agency for Toxic Substances and Disease Registry (ATSDR) (<http://www.atsdr.cdc.gov/>)

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - Contact CDC-INFO

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Government Made Easy



What all rescuers should know - Chemical propellant for airbags can kill !

Report by Len Watson

Sodium Azide (NaN_3) airbag propellant is a growing health hazard and environmental problem -

Vehicle Airbags use a chemical compound that is so toxic that even small amounts can kill. Yet tons and tons of Sodium Azide (NaN_3) are routinely transported around the longitude and latitude of the world. Additionally scrapped airbags sit like environmental time bombs in the myriad of scrap yards that we see in most communities.

On March 26, 2005 at a national meeting of the American Chemical Society in San Francisco, atmospheric scientist Eric A. Betterton (University of Arizona) said 'scientists really don't know where or how all this Sodium Azide will inevitably wreak greatest environmental havoc'. For several years now, both he and his undergraduates have been carrying out experiments to gain a greater understanding.

Although Sodium Azide is already used in many industrial products, such as explosives, detonators, anticorrosion solutions, broad-spectrum biocides and airline safety chutes, with the advancement of passive vehicle safety systems a much larger threat to our environment has emerged over the last 15 years.

Betterton stated -

"As the demand for airbags increases, and as vehicle fleets age over the next few decades, the amount of Sodium Azide that could potentially be released to the environment will greatly exceed the approximated 5 million kilograms (11 million pounds) that has already been incorporated into airbag inflators in the United States alone."

"Given the huge surge in production, there exists a greatly increased potential for significant accidental spills and subsequent human and environmental exposure to this material."

Sodium Azide

Sodium Azide (NaN_3) looks like common table salt but is every bit as powerful a poison as Sodium Cyanide. Even in minute amounts it can kill everything from bacteria and fungi to animals and humans.

Ingesting or adsorbing as little as 50 milligrams (less than two-thousandths of an ounce) can cause the average adult to collapse into a coma-like state within five minutes. Blood pressure will drop and the heart will become tachycardic. Ingest a few grams, and death can occur in as little as 30 minutes.

Studies as far back as 1970 show that at 10 parts per million in the soil, Sodium Azide kills or degrades the seeds of many plants. Betterton noted that at 200 ppm, it not only sterilises the soil - but also changes soil chemistry, killing all soil bacteria and fungi.

Little is known about the environmental effects of Sodium Azide. However what is known is that Sodium Azide is water-soluble. Betterton states that "Spills could possibly migrate into the water table via sewers, streams, lakes, and groundwater systems,".

The compound when wet protonates volatile Hydrazoic Acid, a potential threat to rescuers, vehicle recovery agents and even sanitation workers and others that may come in contact with the Acid or Hydrazoic Acid gas.

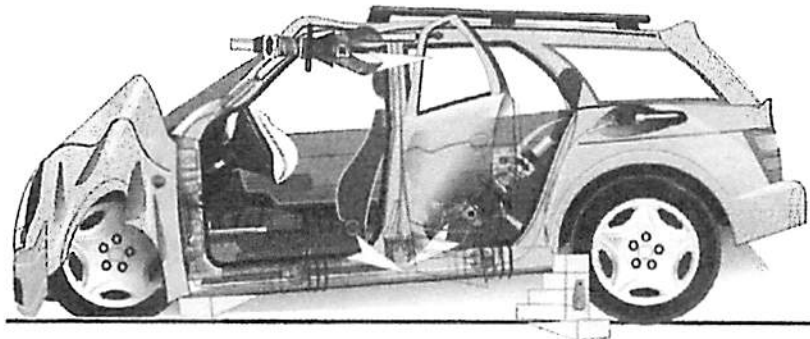
Betterton and his students tested how readily it oxidises when exposed to some environmental oxidants that may be found in water, such as Hydrogen Peroxide, an ingredient in natural rainwater, and ozone, a very powerful oxidant in the atmosphere.

Oxidisation is just one way Sodium Azide degrades in the environment. Betterton's studies also show that Sodium Azide combines readily with water to form Hydrazoic Acid. The "Henry's Law constant" for Hydrazoic Acid, or the ratio of how much Hydrazoic Acid that remains in solution and how much will be released as highly toxic Hydrazoic Acid gas into the atmosphere. The Henry's Law constant identifies that much more of the acid is released as gas into the atmosphere than remains in water.

Rescue Implications -

The wide use of Sodium Azide as a means of propellant to inflate airbags in passive restraint systems is readily accepted as the motor industry standard. Tiny tablets of Sodium azide are packed into a 50mm-diameter metal canister inside the airbag module. The driver-side airbag inflator holds about 50 grams of Sodium Azide. The passenger-side airbag inflator is about 150mm in diameter and holds in the region of 200 grams to inflate the larger front passenger bag. Moreover and perhaps much more prevalent, seat airbags and seatbelt pretensioners can also contain Sodium Azide.

This knowledge gives immediate recognition to the risk that rescuers face when performing certain extrication evolutions in releasing trapped vehicle occupants. Apart from the obvious risk of deploying undeployed systems as the wreckage is cut away, rescuers are also confronted with the possibility of inadvertent cutting through a module releasing Sodium Azide. The highest probability of this would appear to exist when removing the side of the vehicle.



Cutting away the centre post complete with the rear door on the 4 door car usually necessitates cutting into the base of the centre post. To inadvertently cut through the pretensioner unit can liberate the Sodium Azide and powder the pellets in the process. This becomes more prevalent where a 'combi' tool is used to cut the base of the centre post.

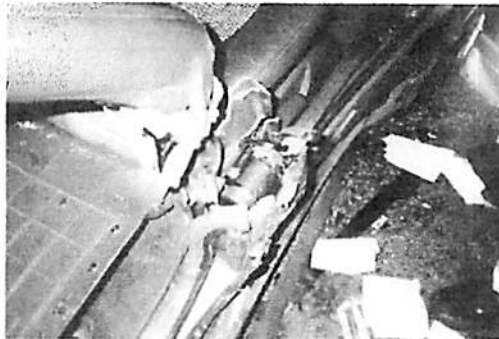
Release of Sodium Azide -

A similar situation also exists where the 1/4 panel on a 2 door car or coupe needs to be cut away to release a rear seat occupant. The hydraulic cutter has sufficient power to cut through the pretensioner's cartridge and, where it does not deploy under the cutting pressure, liberate its contents.



Potentially this situation could be exacerbated if it were raining at the time or, if the powdered residue on the cutter's blades were to fall into open wounds or the dust inhaled on a windy day.

Of course avoiding the pretensioner in the first place would appear to be the answer; but 'what if' still identifies a valid training need.



'Side removal' performed using a combi tool carries the highest risk of inadvertently cutting through the pretensioner module.

We must also consider that in the process of extricating people from crashed vehicles rescuers will cut away doors, roofs and remove seats. Some doors and seats which, on many occasions, will increasingly incorporate undeployed airbags; when removed will become a hazard putting investigating officers, recovery agents and reclaimed parts and scrap technicians at risk. This in time promises to become a serious situation generating thousands of door, seat and roof units year on year in the UK alone.

End of life airbag

Every airbag has a rated life expectancy in which it should perform as intended. Most manufacturers state 10 some state 15 years. As the module matures and its life cycle reached and exceeded, pellets will suffer from fatigue and crumble. The increased surface area of degraded propellant will give rise to faster ignition with much greater deployment force that can burst the airbag.

With age the integrity of the hermetic container can fail. Sodium Azide is hygroscopic and atmospheric water vapour can leak through the inner foil and the squib seal and corrode contacts and the container itself, which in turn can leak Hydrozoic Acid.

End of life vehicle processing (Depollution).

From the 2.3 million End-of-Life Vehicles (ELV) in the UK each year, scrap yard technicians increasingly remove airbags and store them. Some are left in cars as they stand degrading in the lot. Some are crushed and the airbag canister can burst open, spilling Sodium Azide and generating dust or Hydrazoic Acid.

Airbag storage is a problematic issue for many organisations. Any airbag store needs to meet a minimum specification and be licensed. The store must be securable, weatherproof and clearly labelled with the appropriate warning signs. A method of stock control / tracking of contents is also required. Licences are normally granted by the local Trading Standards Explosives Officer. Currently, it is illegal to attempt to dispose of live airbags in any UK landfill site.

With a view to control the ELV a directive was passed into European law in October 2000 and was due to be transposed into national law in all Member States by 21 April 2002. Unfortunately this was delayed (as in most other Member States), the UK is currently in the process of introducing the remaining provisions. However it is their aim to reduce, or prevent, the amount of waste produced from ELVs and increase the recovery and recycling of ELVs that do arise. Moreover they only state that airbags and pretensioners must be removed or deployed before depollution. How they actually enforce and police this is quite another matter.

No one currently knows the lifetime of Azide in the atmosphere and what the accumulative effect may be. What we do know is that Sodium Azide is a very dangerous and volatile substance and one that must be treated with a high degree of respect.

Security Implication

A security warning would also seem to be in order. How long have we got before unscrupulous people realise the potential this readily available chemical holds for mayhem and terrorism? It takes little imagination to visualise the possibilities that could exist. Such an easily acquired chemical with high reactivity that changes its state so readily must give rise to serious security implications. Fortunately its saving grace is in the fact that it could prove lethal to reclaim from its sealed container.

Facts About Sodium Azide - What sodium azide is

- Sodium azide is a rapidly acting, potentially deadly chemical that exists as an odourless white solid.
- When it is mixed with water or an acid, sodium azide changes rapidly to a toxic gas with a pungent (sharp) odour. It also changes into a toxic gas when it comes in contact with solid metals (for example, when it is poured into a drain pipe containing lead or copper).
- The odour of the gas may not be sharp enough, however, to give people sufficient warning of the danger.

- o Restlessness
 - o Dizziness
 - o Weakness
 - o Headache
 - o Nausea and vomiting
 - o Rapid heart rate
 - o Red eyes (gas or dust exposure)
 - o Clear drainage from the nose (gas or dust exposure)
 - o Cough (gas or dust exposure)
 - o Skin burns and blisters (explosion or direct skin contact)
- Exposure to a large amount of sodium azide by any route may cause these other health effects as well:
 - o Convulsions
 - o Low blood pressure
 - o Slow heart rate
 - o Loss of consciousness
 - o Lung injury
 - o Respiratory failure leading to death
- Showing these signs and symptoms does not necessarily mean that a person has been exposed to sodium azide.

What the long-term health effects may be

Survivors of serious sodium azide poisoning may have heart and brain damage.

How people can protect themselves and what they should do if they are exposed to sodium azide

- First, get fresh air by leaving the area where the sodium azide was released. Moving to an area with fresh air is a good way to reduce the possibility of death from exposure to sodium azide.
 - o If the sodium azide release was outside, move away from the area where the sodium azide was released.
 - o If the sodium azide release was indoors, get out of the building.
 - o If leaving the area that was exposed to sodium azide is not an option, stay as low to the ground as possible, because sodium azide fumes rise.
 - o If you are near a release of sodium azide, emergency coordinators may tell you to either evacuate the area or to “shelter in place” inside a building to avoid being exposed to the chemical. For more information on evacuation during a chemical emergency, see “Facts About Evacuation”. For more information on sheltering in place during a chemical emergency, see “Facts About Sheltering in Place”.
 - o If you think you may have been exposed to sodium azide, you should remove your clothing, rapidly wash your entire body with soap and water, and get medical care as quickly as possible.
- **Removing your clothing:**
 - o Quickly take off clothing that may have sodium azide on it. Any clothing that has to be pulled over the head should be cut off the body instead of pulled over the head.
 - o If you are helping other people remove their clothing, try to avoid touching any contaminated areas, and remove the clothing as quickly as possible.

Where sodium azide is found and how it is used

- Sodium azide is best known as the chemical found in automobile airbags. An electrical charge triggered by automobile impact causes sodium azide to explode and release nitrogen gas inside the airbag.
- Sodium azide is used as a chemical preservative in hospitals and laboratories. Accidents have occurred in these settings. In one case, sodium azide was poured into a drain, where it exploded and the toxic gas was inhaled (breathed in).
- Sodium azide is used in agriculture (farming) for pest control.
- Sodium azide is also used in detonators and other explosives.

How you could be exposed to sodium azide

- Following release of sodium azide into water, you could be exposed to sodium azide by drinking the contaminated water.
- Following contamination of food with sodium azide, you could be exposed to sodium azide by eating the contaminated food.
- Following release of sodium azide into the air, you could be exposed by breathing in the dust or the gas that is formed.
- Sodium azide can also enter the body and cause symptoms through skin contact.
- An explosion involving sodium azide may cause burn injury as well as expose people to the toxic gas, hydrazoic acid.
- CDC has received no reports of sodium azide exposure following automobile airbag deployment.

How sodium azide works

- The seriousness of poisoning caused by sodium azide depends on the amount, route, and length of time of exposure, as well as the age and pre-existing medical condition of the person exposed.
- Breathing the gas that is formed from sodium azide causes the most harm, but ingesting (swallowing) sodium azide can be toxic as well.
- The gas formed from sodium azide is most dangerous in enclosed places where the gas will be trapped. The toxic gas quickly disperses in open spaces, making it less harmful outdoors.
- The gas formed from sodium azide is less dense (lighter) than air, so it will rise.
- Sodium azide prevents the cells of the body from using oxygen. When this happens, the cells die.
- Sodium azide is more harmful to the heart and the brain than to other organs, because the heart and the brain use a lot of oxygen.

Immediate signs and symptoms of sodium azide exposure

- People exposed to a small amount of sodium azide by breathing it, absorbing it through their skin, or eating foods that contain it may have some or all of the following symptoms within minutes:
 - Rapid breathing

- **Washing yourself:**

- As quickly as possible, wash any sodium azide from your skin with large amounts of soap and water. Washing with soap and water will help protect people from any chemicals on their bodies.
- If your eyes are burning or your vision is blurred, rinse your eyes with plain water for 10 to 15 minutes. If you wear contacts, remove them and put them with the contaminated clothing. Do not put the contacts back in your eyes (even if they are not disposable contacts). If you wear eyeglasses, wash them with soap and water. You can put your eyeglasses back on after you wash them.

- **Disposing of your clothes:**

- After you have washed yourself, place your clothing inside a plastic bag. Avoid touching contaminated areas of the clothing. If you can't avoid touching contaminated areas, or you aren't sure where the contaminated areas are, wear rubber gloves or put the clothing in the bag using tongs, tool handles, sticks, or similar objects. Anything that touches the contaminated clothing should also be placed in the bag. If you wear contacts, put them in the plastic bag, too.
 - Seal the bag, and then seal that bag inside another plastic bag. Disposing of your clothing in this way will help protect you and other people from any chemicals that might be on your clothes.
 - When the local or state health department or emergency personnel arrive, tell them what you did with your clothes. The health department or emergency personnel will arrange for further disposal. Do not handle the plastic bags yourself.
 - For more information about cleaning your body and disposing of your clothes after a chemical release, see "[Chemical Agents: Facts About Personal Cleaning and Disposal of Contaminated Clothing](#)".
 - If someone has ingested sodium azide, do not induce vomiting or give fluids to drink. Also, if you are sure the person has ingested sodium azide, do not attempt CPR. Performing CPR on someone who has ingested sodium azide could expose you to the chemical.
 - When sodium azide is ingested, it mixes with stomach acid and forms the toxic gas, hydrazoic acid. If a person who has ingested sodium azide is vomiting, isolate and stay away from the stomach contents (vomit) to avoid exposure to the toxic gas.
 - Do not pour substances containing sodium azide (such as food, water, or vomit) in the drain, because the drain can explode and cause serious harm.
- Seek emergency medical attention right away and explain what has happened.

How sodium azide poisoning is treated

Sodium azide poisoning is treated with supportive medical care in a hospital setting. No specific antidote exists for sodium azide poisoning. The most important thing is for victims to seek medical treatment as soon as possible.

How you can get more information about sodium azide

You can contact one of the following:

- Regional poison control centre USA: 1-800-222-1222
- Centres for Disease Control and Prevention
 - Public Response Hotline (CDC)



Shelley Goodall

January 6

Look at my face WTH? This is not normal at all!

Tag Photo

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Lana Encinia

Richard Goodall

What are u doing pinching your cheeks

Like · Reply · January 6 at 1:25pm

Amanda Spencer

Looks like rosacea

Like · Reply · January 6 at 1:37pm

Shelley Goodall

No not pinching my cheeks an no rosacea either. All I know is this never happens until winter time. So who knows all I know is when this happens the blood pressure rolls an my insides feel like they are being squeezed! Been cleared by the heart Or no trouble there an kidneys are fine too. So now they are sending me to the neuro an pulmonary drs.next so who knows. Feel like the missing link someday!

Like · Reply · January 6 at 1:42pm

Richard Goodall

Well we are Goodall's

Like · Reply · January 6 at 1:50pm

Write a comment...



Shelley Goodall
January 26 ·

Okay here is my face again RED RASH WTH IS THIS ? I have date an I am not going out looking like this. At the do Dr's now somebody better figure this out. I'm tired of being the missing link!!!!

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Mandykay Squires-Bly Maybe it's a make up or maybe something you ate have they tested for celiac disease

Like · Reply · January 26 at 1:32pm



Robin Goodall I agree with Manda make up or something you are eating.


Like · Reply · January 26 at 3:39pm



Write a comment...






 **Shelley Goodall**
February 5 ·


Look at my skin hooray no red face!


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William James Luster Jr., Rich Marek and 10 others

 **Richard Goodall** Hollywood. Woo woo
[Unlike](#) · [Reply](#) · 1 · February 5 at 4:49pm

 **Mandykay Squires-Bly** Bout time
[Like](#) · [Reply](#) · February 5 at 7:05pm

 **Robin Goodall** Boy you look alot like your father in this picture
[Unlike](#) · [Reply](#) · 1 · February 5 at 8:25pm

 **Missy Baker-Cunningham** Smile
[Unlike](#) · [Reply](#) · 1 · February 5 at 8:44pm

 [Write a comment...](#)



Shelley Goodall
March 12 ·

Not to bad considering I had a stroke. But believe you me I am very very grateful to God for sparing my life yet again. I don't deserve it but I guess God has other things in store for me. Plus I get to stay around and torture you good people. LMAO! Love ya, Shell

Tag Photo Add Location Edit

Like Comment Share

Alyssa Miles, Amber Wartenbe and 8 others




Christina Morton Good pic
Unlike · Reply · 1 · March 12 at 2:56pm



Write a comment...




 **Shelley Goodall**
February 5 ·


Can't fake this smile either! Lol! Have a great weekend everybody, Love Shell


[Tag Photo](#) [Add Location](#) [Edit](#)

[Like](#) [Comment](#) [Share](#)

April Kemp, Melinda Lane and 7 others

 **Lana Encinia** Still as beautiful as ever
Unlike · Reply · 1 · February 5 at 1:13pm

 **Shelley Goodall** Oh thanks Lana! Your beautiful.
Like · Reply · February 5 at 1:20pm

 Write a comment...